

STATEMENT OF ORGANIZATION

OFFICE USE

1. Name and Address of Committee

2. Date of this Statement

PAC
S/O
1/14

Financial Services to State
Inc.

3. Estimated Membership

Check if:

New Committee _____ Monthly Filer _____

4. Amended Statement?

____ Yes ____ No

896418
1082

15000303

5. All Committee Officers and Directors (including Chairperson, Treasurer, if any, and any other committee officers and directors)

a. Name

b. Position

c. Address

Chairperson

Treasurer

6. Affiliated Organizations

(Any organization, other than a political committee, which directly or indirectly established, administers, or financially supports this committee.)

a. Name

b. Address

c. Relationship to Committee

JAN Anule

P.O. Box 3745,

Check Account #

Troy Clarke

La Fayette, La 70502

1065475

7. All Depositories for Committee Funds (committee funds must be deposited in one or more banks or savings and loan institutions or money market mutual funds.)

a. Name

b. Address

8. IF THIS COMMITTEE SUPPORTS A SINGLE CANDIDATE: a. Check one: _____ Principal Campaign Committee _____ Subsidiary Committee

b. Name of Candidate

c. Office Sought by the Candidate

9. a. Name of Person Preparing Report

JAN Anule
337-543-3135

b. Daytime Telephone

10. WE HEREBY CERTIFY that the information contained in this STATEMENT OF ORGANIZATION is true and correct to the best of our knowledge, information and belief.

This 24 day of January, 2015

Signature of Committee Chairperson

Daytime Telephone Number

Signature of Committee Treasurer

Daytime Telephone Number

337-543-3135

985-860-1236